

# Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings



<b>Facility Name:</b>	
<b>Address/City/Zip Code:</b>	
<b>E-number (Investigation Number):</b>	
<b>Telephone #:</b>	<b>Fax #:</b>
<b>Contact Name:</b>	<b>Email:</b>

The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. Please review these basic guidelines with key staff members.

Outbreak Intervention	Date Instituted	Date Reinforced	Date Suspended
<b>Communication</b>			
Notify facility Administration.			
Notify facility Medical Director and Infectious Disease Physician (if available).			
Notify facility Infection Preventionist.			
<b>Report any suspect or confirmed outbreak</b> to your local health department (LHD). <ul style="list-style-type: none"> <li>Identify LHD contacts using the NJDOH – Local Public Health Directory at <a href="http://www.localhealth.nj.gov/">http://www.localhealth.nj.gov/</a>.</li> <li>Review “how to report” at <a href="http://www.nj.gov/health/cd/reporting/">http://www.nj.gov/health/cd/reporting/</a>.</li> <li>Review NJDOH Quick Reference Reporting Requirements for Communicable Diseases and Work-related Conditions at <a href="https://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf">https://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf</a>.</li> </ul>			
Notify staff of the presence of a COVID-19 case and/or outbreak in the facility.			
Notify patients/residents and their families, as appropriate, of the presence of a COVID-19 case and/or outbreak in the facility.			
<b>General Facility Control Measures</b>			
Review pandemic influenza and disaster preparedness plans to support containment and response efforts.			
Review <b>testing capacity</b> to identify SARS-CoV-2 in the facility. <ul style="list-style-type: none"> <li>Identify commercial or public health laboratories who will conduct the test(s), personnel who will collect the specimen(s), and appropriate specimen collection materials.</li> </ul>			
Implement use of <b>universal source control measures</b> (e.g., cloth facial coverings) for persons (i.e., clergy, vendors, visitors) while in the facility			
Increase accessibility of <b>hand hygiene</b> resources in the facility. <ul style="list-style-type: none"> <li>Put alcohol-based hand sanitizer with 60–95% alcohol in every patient/resident room (ideally both inside and outside of the room) and other patient/resident care and common areas (e.g., outside dining hall, in therapy gym).</li> <li>Make sure that sinks are well-stocked with soap and paper towels.</li> </ul>			
Evaluate PPE and report levels to <a href="https://report.covid19.nj.gov">https://report.covid19.nj.gov</a> .			
<b>Educate</b> on infection prevention practices, including control measures for COVID-19.			
Complete line list for symptomatic <b>patients/residents</b> .			
Complete line list for symptomatic <b>staff</b> . (Refer to LHD for COVID-19 specific line list).			
Send completed line lists and facility floor plan to LHD.			

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<b>Daily Reporting</b>			
Complete line list for symptomatic <b>patients/residents</b> . (Refer to LHD for COVID-19 specific line list).			
Complete line list for symptomatic <b>staff</b> . (Refer to LHD for COVID-19 specific line list).			
Send completed line lists and facility floor plan to LHD.			
<b>Admissions, Transfers, and Re-Admissions</b>			
Close the unit to new admissions except as needed to <b>cohort ill individuals and staff</b> .			
Consider closing to new admissions if you are unable to appropriately cohort, keeping new admissions unexposed. This does not include readmissions back to your facility.			
When transferring any patient/resident, <b>notify</b> the transporting agency and receiving facility of outbreak status at the facility.			
<b>Note: Facilities should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any patients/residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room). If a separate wing/unit is not available, use of the “exposed” cohort for asymptomatic admissions may be appropriate, with preferential use of a private room.</b>			
<b>Infection Prevention and Control</b>			
<b>Restrict</b> visitors and non-essential healthcare personnel, except in certain compassionate-care situations.			
<b>Evaluate</b> all persons who enter the facility for signs and symptoms of communicable diseases, including fever and other symptoms of COVID-19 (e.g., gastrointestinal [GI] upset, fatigue, sore throat, dry cough, shortness of breath).			
Implement <b>active screening</b> of patients/residents for fever and other COVID-19 symptoms, at minimum, each shift change.			
<b>Note: Older adults may manifest symptoms of infection differently, especially at illness onset. Check for patients/residents with malaise, confusion, falling, diarrhea, or vomiting in addition to traditional respiratory symptoms such as coughing, shortness of breath, and fever. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry. These assessments should happen, at minimum, once per shift. The facility staff should increase the frequency of wellness checks in all patients/residents and have a heightened awareness for any changes in their baseline.</b>			
Stop current communal dining and <b>all group activities</b> such as internal and external group activities (e.g., beauty shop, physical therapy gym sessions, activities).			
Implement <b>Standard and Transmission-based Precautions</b> including use of a N95 respirator or facemask (N95s should be prioritized for any aerosol-generating procedures), gown, gloves, and eye protection for confirmed and suspected COVID-19 case(s).			
Place appropriate <b>isolation signage</b> outside of patient/resident(s) room.			
Make necessary <b>PPE</b> available in areas where patient/resident care is provided.			
Make adequate <b>waste receptacles</b> available for used PPE. Position these near the exit inside the room to make it easy for staff to discard PPE prior to exiting, or before providing care for another patient/resident in the same room.			

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<b>Infection Prevention and Control (cont'd)</b>			
<b>Dedicate</b> equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another patient/resident within that cohort.			
Evaluate internal <b>environmental cleaning protocols</b> to ensure appropriate measures are being taken to clean and disinfect throughout the facility.			
Conduct routine cleaning and disinfection of <b>high touch surfaces and shared medical equipment</b> using an EPA-registered, hospital-grade disinfectant on List N ( <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a> )			
Consider <b>increasing the frequency</b> of routine cleaning.			
Prioritize <b>rounding</b> in a “well to ill” flow to minimize risk of cross-contamination (i.e., beginning with standard precaution care areas and working toward transmission-based precaution, then finally outbreak rooms).			
<b>Patient/Resident Management</b>			
Assess <b>close contacts</b> of positive case(s) of COVID-19 to assess exposure risks. <ul style="list-style-type: none"> <li>Close contact is defined as being within approximately 6 feet of a COVID-19 case for prolonged period of time or having contact with infectious sections of COVID-19 case (e.g., being coughed on). Close contacts should be quarantined for 14 days after last exposure and closely monitored for symptoms (i.e., “Exposed” cohort). NJDOH Monitoring and Movement Guidance for Managing Returning Travelers and/or Contacts of a Confirmed Case is available at <a href="https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_Monitoring_and_Movement_NJDOH_mar_10_2020.108112.pdf">https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_Monitoring_and_Movement_NJDOH_mar_10_2020.108112.pdf</a></li> </ul>			
Implement <b>cohorting plan</b> that allows for separation of patients/residents, dedicating staff and medical equipment to each of these cohorts and allowing for necessary space to do so at the onset of an outbreak. <ul style="list-style-type: none"> <li>Identify three cohort groups: 1. “Ill”; 2. “Exposed” (not ill, but potentially incubating) and; 3. “Not ill/not exposed”</li> <li>If a wing/unit has multiple ill patient/residents, transition the impacted wing/unit to house only these patients/residents when the facility cannot otherwise rapidly isolate them (i.e., “ill” cohort).</li> </ul>			
<b>Note: Consider repurposing unused space such as therapy gyms, activity, and dining rooms during this time. If the facility is unable to effectively cohort the impacted wing/unit(s) then <u>rapid isolation of the unaffected wing/unit(s) is imperative.</u></b>			
Provide <b>source control</b> for all patients/residents when providing direct care			
<b>Note: All patients/residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth (i.e., source control) when around others, as tolerated. Source control may be provided with tissue or cloth, non-medical masks - when those are available.</b>			
Place patients/residents with known or suspected COVID-19 in a <b>private room</b> with their own bathroom, with the door closed, on the COVID + designated wing/unit (i.e., “ill” cohort). <ul style="list-style-type: none"> <li>Roommates of symptomatic patients/residents may already be exposed; it is generally not recommended to separate them given spatial limitations.</li> </ul>			
<b>Note: Airborne Infection Isolation Rooms or AIIRs (e.g., negative pressure rooms), if available, should be prioritized for patients/residents undergoing aerosol generating procedures (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction). Patients/residents who are laboratory confirmed COVID-19 + should not be housed in the same room as a person with an undiagnosed respiratory</b>			

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<b>Patient/Resident Management (cont'd)</b>			
<p><b>Note (cont'd): infection.</b> Ensure appropriate use of engineering controls such as curtains to reduce or eliminate exposures from infected individuals. Additionally, the onset and duration of viral shedding and the period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infections with other novel coronaviruses (i.e, MERS-CoV and SARS-CoV). However, detection of viral RNA does not necessarily mean that infectious virus is present. For guidance on discontinuation of transmission-based precautions for patients/residents with confirmed COVID-19 infection review CDC's Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a>. Consider placing/keeping recovered COVID-19 + patients/residents in the "ill" cohort.</p>			
<b>Staff Management</b>			
<p>Assess <b>close contacts</b> of positive case(s) of COVID-19 to assess exposure risks.</p> <ul style="list-style-type: none"> <li>Healthcare workers with exposure to confirmed COVID-19 case(s) should be identified and an appropriate risk assessment completed to determine if they have a high, medium, low, or no identifiable risk exposure using NJDOH forms and guidance for assessing COVID-19 healthcare worker exposures found on the NJDOH COVID-19 - Information for Healthcare Professionals page at <a href="https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml">https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml</a>.</li> </ul>			
Implement use of <b>universal facemask</b> (i.e., source control) for staff while in the facility, in addition to active screening for symptomatic staff.			
<p><b>Note: Staff who work in multiple locations may pose higher risk and should be asked about exposures to facilities with recognized COVID-19 cases. If staff develop even mild symptoms consistent with COVID-19, they must cease patient/resident care activities and notify their supervisor or occupational health services prior to leaving work.</b></p>			
Identify staff who may be at higher risk for severe COVID-19 disease and attempt to assign to unaffected wings/units.			
<b>Educate</b> and train staff on sick leave policies, including not to report to work when ill.			
Assess staff <b>competency</b> on infection prevention and control measures including demonstration of putting on and taking off personal protective equipment (PPE).			
<b>Bundle</b> tasks to limit exposures and optimize the supply of PPE.			
<p><b>Note: CDC recommends that all U.S. healthcare facilities begin using PPE contingency strategies as of 4/2/2020. Review the contingency strategies at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a>.</b></p>			
Consider <b>cross-training</b> staff to conserve resources.			
Review or develop <b>staff contingency plans</b> to mitigate anticipated shortages.			
<p><b>Note: Review NJDOH COVID-19 Temporary Operational Waivers and Guidelines page at <a href="https://www.nj.gov/health/legal/covid19/">https://www.nj.gov/health/legal/covid19/</a>.</b></p>			

## Resources

NJDOH COVID-19: Information for Healthcare Professionals

[https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml)

CDC Coronavirus (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CMS Coronavirus (COVID-19) Partner Toolkit

<https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>